



# Wiesbaden Legal Center Claims Office



12/14

## TORT CLAIM - FILING INSTRUCTIONS (ARMY REGULATION 27-20, CHAPTER 3)

This is a general guide - do not hesitate to discuss any questions you may have with the Claims Office personnel. We can be contacted at **DSN 537-0664 CIV (0611) 143-537-0664**. **If you wish to submit a claim, please make an appointment.**

### Who may present a claim?

A proper party claimant is any U.S. military personnel, U.S. Army civilian employees, family members of military personnel, and contractor employees with "technical expert" status that receive full logistical support.

NOTE: In Germany, Service members, family members and employees of sister services are proper party claimants under the single service responsibility (DOD Dir. 55158).

### Where to present a claim?

Your claim must be presented to an agency or instrumentality of the Department of the Army. The claim may be presented to the Commanding Officer of the unit involved, the Legal Office of the nearest Army post, camp, or station, or other military establishment convenient to you. In a foreign country where no appropriate Commander is stationed, the claim may be submitted to any Attaché of the U.S. Armed Forces. Normally, however, your claim should be submitted to your local Claims Office.

### Statute of Limitations

A claim may be settled under this chapter only if presented in writing **within two (2) years** from the date you knew, or should have known of the damage or injury. Ask your Claims Office if you are uncertain as to how much time you have to file your claim.

NOTE: This **TWO YEAR** requirement is established by law - **IT CANNOT BE WAIVED!**

DATE OF INCIDENT:	
TYPE OF INCIDENT (MOTOR VEHICLE / PERSONAL INJURY/ OTHER)	
CLAIMANT'S FULL NAME AND TELEPHONE #	
CLAIMANT'S FULL SSN:	

**To be completed by Claimant. See next page for further instructions.**

## Documents Required For Your Claim

\_\_\_ **Standard Form 95:** Claim for damage, injury or death, signed and dated (see attached sample). The amount claimed must be specifically stated in U.S. Dollars (the words "repair cost, lost wages, etc" is not a specific amount and does not satisfy this requirement). To ensure that your claim is properly filed, numbers 12a-d and 13a of the attached SF 95 must be completed. A claim will be considered filed only when the vital information has been supplied, in writing, by a person authorized to present a claim. The SF 95 and all other supporting documents should be signed in ink by the claimant or his/her duly authorized agent.

\_\_\_ **Witness Statements:** If applicable.

## Additional Documentation For Motor Vehicle Accidents

\_\_\_ **Military Police Report Number**

\_\_\_ **Copy of the USAREUR POV Registration**

\_\_\_ **Estimate of Repair:** One estimate is normally sufficient, unless you are requested to obtain an additional estimate by the Claims Office. A list of local repair shops may be obtained from the claims office if needed. Estimates from local repair shops will include 19% Value Added Tax (VAT). This tax will **not** be paid because you can avoid paying the tax by processing the bill through the tax relief office. **The \$5.00 fee for the VAT Relief Form CAN be claimed.**

**Claimants have a duty to mitigate damage.**

**NOTE: Do not** obtain a **professional opinion/appraisal ("German Gutachten")**. Fees for professional opinions/appraisals are very expensive and will not be paid by the claims office. If a repair shop sends you to get such an expert opinion/appraisal (Gutachten), inform the repair firm that the U.S. Government does not authorize the use and will not pay for a "Gutachten". Inform them that you need an estimate from a firm that actually performs repairs (professional appraisers do not perform repairs).

**Rental car fees are only payable in very limited circumstances. Please consult with the Claims office before you obtain a rental car.**

**The cost of filing a claim is not payable under the Military Claims Act.**

\_\_\_ **Inspection of vehicle:** If operable, present your vehicle to the Claims Office for inspection of the damage. If not, indicate where the vehicle can be inspected.

\_\_\_ **Other:** \_\_\_\_\_

## **ADDITIONAL DOCUMENTATION FOR PERSONAL INJURY OR WRONGFUL DEATH:**

\_\_\_ Copy of all medical records

\_\_\_ Medical information release form (HIPPA Information Disclosure Information and Authorization Form)

\_\_\_ Any investigative report(s)

\_\_\_ Any other substantiating information



# Wiesbaden Legal Center Claims Office



## ELECTRONIC FUNDS TRANSFER ACCOUNT INFORMATION

### PERSONAL INFORMATION

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

Unit: \_\_\_\_\_

Phone: \_\_\_\_\_(duty) \_\_\_\_\_(other)

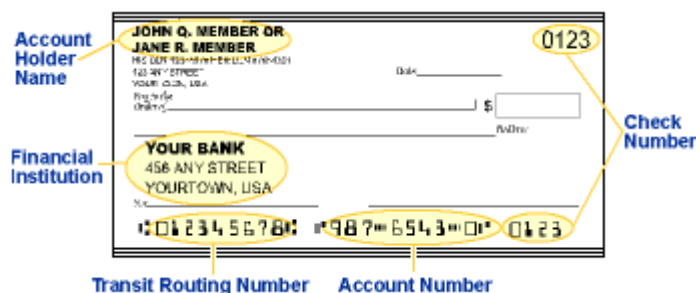
### BANK ACCOUNT INFORMATION

Bank or Financial Institution: \_\_\_\_\_

Type of Account:    Checking ☐    Savings ☐

Routing Number: \_\_\_\_\_  
(This is the 9-digit number between the |: symbols at the bottom of your check.)

Account Number: \_\_\_\_\_



I understand that I am responsible for the accuracy of the information that I have provided to the Wiesbaden Claims Office in order to allow payments to the account that I have specified.

\_\_\_\_\_  
(Signature)

<b>CLAIM FOR DAMAGE, INJURY, OR DEATH</b>		<b>INSTRUCTIONS:</b> Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions.		FORM APPROVED OMB NO. 1105-0008	
1. Submit to Appropriate Federal Agency:			2. Name, address of claimant, and claimant's personal representative if any. (See instructions on reverse). Number, Street, City, State and Zip code.		
3. TYPE OF EMPLOYMENT <input type="checkbox"/> MILITARY <input type="checkbox"/> CIVILIAN		4. DATE OF BIRTH	5. MARITAL STATUS	6. DATE AND DAY OF ACCIDENT	
7. TIME (A.M. OR P.M.)					
8. BASIS OF CLAIM (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof. Use additional pages if necessary).					
9. <b>PROPERTY DAMAGE</b>					
NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, Street, City, State, and Zip Code).					
BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF THE DAMAGE AND THE LOCATION OF WHERE THE PROPERTY MAY BE INSPECTED. (See instructions on reverse side).					
10. <b>PERSONAL INJURY/WRONGFUL DEATH</b>					
STATE THE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE THE NAME OF THE INJURED PERSON OR DECEDENT.					
11. <b>WITNESSES</b>					
NAME		ADDRESS (Number, Street, City, State, and Zip Code)			
12. (See instructions on reverse). <b>AMOUNT OF CLAIM</b> (in dollars)					
12a. PROPERTY DAMAGE		12b. PERSONAL INJURY		12c. WRONGFUL DEATH	
				12d. TOTAL (Failure to specify may cause forfeiture of your rights).	
I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE INCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM.					
13a. SIGNATURE OF CLAIMANT (See instructions on reverse side).			13b. PHONE NUMBER OF PERSON SIGNING FORM		14. DATE OF SIGNATURE
13a. SIGNATURE OF CLAIMANT (See instructions on reverse side).			13b. PHONE NUMBER OF PERSON SIGNING FORM		14. DATE OF SIGNATURE
<b>CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM</b>			<b>CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS</b>		
The claimant is liable to the United States Government for a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages sustained by the Government. (See 31 U.S.C. 3729).			Fine, imprisonment, or both. (See 18 U.S.C. 287, 1001.)		

INSURANCE COVERAGE	
In order that subrogation claims may be adjudicated, it is essential that the claimant provide the following information regarding the insurance coverage of the vehicle or property.	
15. Do you carry accident insurance? <input type="checkbox"/> Yes If yes, give name and address of insurance company (Number, Street, City, State, and Zip Code) and policy number. <input type="checkbox"/> No	
16. Have you filed a claim with your insurance carrier in this instance, and if so, is it full coverage or deductible? <input type="checkbox"/> Yes <input type="checkbox"/> No	17. If deductible, state amount.
18. If a claim has been filed with your carrier, what action has your insurer taken or proposed to take with reference to your claim? (It is necessary that you ascertain these facts).	
19. Do you carry public liability and property damage insurance? <input type="checkbox"/> Yes If yes, give name and address of insurance carrier (Number, Street, City, State, and Zip Code). <input type="checkbox"/> No	
INSTRUCTIONS	
<p><b>Claims presented under the Federal Tort Claims Act should be submitted directly to the "appropriate Federal agency" whose employee(s) was involved in the incident. If the incident involves more than one claimant, each claimant should submit a separate claim form.</b></p> <p style="text-align: center;"><b>Complete all items - Insert the word NONE where applicable.</b></p> <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <p>A CLAIM SHALL BE DEEMED TO HAVE BEEN PRESENTED WHEN A FEDERAL AGENCY RECEIVES FROM A CLAIMANT, HIS DULY AUTHORIZED AGENT, OR LEGAL REPRESENTATIVE, AN EXECUTED STANDARD FORM 95 OR OTHER WRITTEN NOTIFICATION OF AN INCIDENT, ACCOMPANIED BY A CLAIM FOR MONEY</p> <p><b>Failure to completely execute this form or to supply the requested material within two years from the date the claim accrued may render your claim invalid. A claim is deemed presented when it is received by the appropriate agency, not when it is mailed.</b></p> <p>If instruction is needed in completing this form, the agency listed in item #1 on the reverse side may be contacted. Complete regulations pertaining to claims asserted under the Federal Tort Claims Act can be found in Title 28, Code of Federal Regulations, Part 14. Many agencies have published supplementing regulations. If more than one agency is involved, please state each agency.</p> <p>The claim may be filled by a duly authorized agent or other legal representative, provided evidence satisfactory to the Government is submitted with the claim establishing express authority to act for the claimant. A claim presented by an agent or legal representative must be presented in the name of the claimant. If the claim is signed by the agent or legal representative, it must show the title or legal capacity of the person signing and be accompanied by evidence of his/her authority to present a claim on behalf of the claimant as agent, executor, administrator, parent, guardian or other representative.</p> <p>If claimant intends to file for both personal injury and property damage, the amount for each must be shown in item number 12 of this form.</p> </div> <div style="width: 48%;"> <p>DAMAGES IN A <b>SUM CERTAIN</b> FOR INJURY TO OR LOSS OF PROPERTY, PERSONAL INJURY, OR DEATH ALLEGED TO HAVE OCCURRED BY REASON OF THE INCIDENT. THE CLAIM MUST BE PRESENTED TO THE APPROPRIATE FEDERAL AGENCY WITHIN <b>TWO YEARS</b> AFTER THE CLAIM ACCRUES.</p> <p>The amount claimed should be substantiated by competent evidence as follows:</p> <p>(a) In support of the claim for personal injury or death, the claimant should submit a written report by the attending physician, showing the nature and extent of the injury, the nature and extent of treatment, the degree of permanent disability, if any, the prognosis, and the period of hospitalization, or incapacitation, attaching itemized bills for medical, hospital, or burial expenses actually incurred.</p> <p>(b) In support of claims for damage to property, which has been or can be economically repaired, the claimant should submit at least two itemized signed statements or estimates by reliable, disinterested concerns, or, if payment has been made, the itemized signed receipts evidencing payment.</p> <p>(c) In support of claims for damage to property which is not economically repairable, or if the property is lost or destroyed, the claimant should submit statements as to the original cost of the property, the date of purchase, and the value of the property, both before and after the accident. Such statements should be by disinterested competent persons, preferably reputable dealers or officials familiar with the type of property damaged, or by two or more competitive bidders, and should be certified as being just and correct.</p> <p>(d) <b>Failure to specify a sum certain will render your claim invalid and may result in forfeiture of your rights.</b></p> </div> </div>	
PRIVACY ACT NOTICE	
<p>This Notice is provided in accordance with the Privacy Act, 5 U.S.C. 552a(e)(3), and concerns the information requested in the letter to which this Notice is attached.</p> <p>A. <b>Authority:</b> The requested information is solicited pursuant to one or more of the following: 5 U.S.C. 301, 28 U.S.C. 501 et seq., 28 U.S.C. 2671 et seq., 28 C.F.R. Part 14.</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"></div> <div style="width: 48%;"> <p>B. <b>Principal Purpose:</b> The information requested is to be used in evaluating claims.</p> <p>C. <b>Routine Use:</b> See the Notices of Systems of Records for the agency to whom you are submitting this form for this information.</p> <p>D. <b>Effect of Failure to Respond:</b> Disclosure is voluntary. However, failure to supply the requested information or to execute the form may render your claim "invalid."</p> </div> </div>	
PAPERWORK REDUCTION ACT NOTICE	
<p>This notice is <u>solely</u> for the purpose of the Paperwork Reduction Act, 44 U.S.C. 3501. Public reporting burden for this collection of information is estimated to average 6 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Director, Torts Branch, Attention: Paperwork Reduction Staff, Civil Division, U.S. Department of Justice, Washington, DC 20530 or to the Office of Management and Budget. Do not mail completed form(s) to these addresses.</p>	